

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                         |                                   |   |               |               |   |   |    |   |   |   |   |
|---|-----------------------------------|---|---------------|---------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>8/2/04</u>                      |                                   | 2 Serial/Patent # <u>10/706,644</u>   |               |               |   |   |    |   |   |   |   |
| 3 Please refund the following fee(s):                 |                                   | 4 PAPER NUMBER  | 5 DATE FILED  | 6 AMOUNT      |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Filing                            |   |               | \$            |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Amendment                         |   |               | \$            |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Extension of Time                 |   |               | \$            |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Notice of Appeal/Appeal           |   |               | \$            |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>                   | Petition                          |   | <u>6/1/04</u> | \$ <u>130</u> |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Issue                             |   |               | \$            |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Cert of Correction/Terminal Disc. |   |               | \$            |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Maintenance                       |   |               | \$            |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Assignment                        |   |               | \$            |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Other                             |   |               | \$            |   |   |    |   |   |   |   |
|   |                                   | 7 TOTAL AMOUNT OF REFUND  |               | \$ <u>130</u> |   |   |    |   |   |   |   |
| 10 REASON:  |                                   | 8 TO BE REFUNDED BY:  |               |               |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Overpayment                       | <input type="checkbox"/> Treasury Check   |               |               |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Duplicate Payment                 | <input checked="" type="checkbox"/> Credit Deposit A/C #:   |               |               |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>                   | No Fee Due (Explanation):         | 9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>0</td><td>3</td><td>--</td><td>2</td><td>7</td><td>6</td><td>9</td> </tr> </table> |               |               | 0 | 3 | -- | 2 | 7 | 6 | 9 |
| 0   | 3                                 | --  | 2             | 7             | 6 | 9 |    |   |   |   |   |
| <u>Refund granted</u>                                 |                                   |   |               |               |   |   |    |   |   |   |   |
| 11 REFUND REQUESTED BY:                               |                                   |   |               |               |   |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>CHARLEMA GRANT</u>             |                                   | TITLE: <u>attorney</u>  |               |               |   |   |    |   |   |   |   |
| SIGNATURE: <u>Charma Grant</u>                        |                                   | PHONE: <u>306-0251</u>  |               |               |   |   |    |   |   |   |   |
| OFFICE: <u>Pterson</u>                                |                                   |   |               |               |   |   |    |   |   |   |   |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                                   |   |               |               |   |   |    |   |   |   |   |
| APPROVED: <u>[Signature]</u>                          |                                   | DATE: <u>8/16/04</u>  |               |               |   |   |    |   |   |   |   |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B